CERTIFI	CATE	OF	MAIL	.IN(
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on 23 June 2005

Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION Attorney Docket No. UC03-067-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE	PATENT APPLICATION OF)
) Examiner: Wood, Kevin S.
Sung-J	oo Ben Yoo)
) Group Art Unit: 2874
Serial	No. 10/645,165)
)
Filing	Date: 20 August 2003)
)
Title:	OPTICAL CODE DIVISION MULTIPLE)
	ACCESS NETWORK UTILIZING)
	RECONFIGURABLE SPECTRAL PHASE)
	CODING)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- [x] Response under 37 C.F.R. § 1.111 to official action mailed 13 June 2005.
- [] A petition for extension of time is also enclosed with a fee of \$55.00 for a onemonth extension for a small entity.
- [] Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - [] 2 certificates under 37 C.F.R. § 3.73(b).
- [] Information disclosure statement, form 1449 and ___ references.
- [x] No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS						
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims		MINUS = 20	0	x \$18 =		
Independent Claims		MINUS = 3	0	x \$78 =		
If Amendment adds multiple dependent claims, add \$260.00						
Total Amendment Fee If small entity status is claimed, subtract 50% of Total Amendment Fee						
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT				\$0.00		

[]	A check in the amount of \$	_ is enclosed
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- [] Charge \$___ to Deposit Account No. ___ (Docket No. ___).
- [x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. UC03-067-2).

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Respectfully submitted,

By

Edward J. Grundler Registration No. 47,615

Date: 23 June 2005